



Reading Hospital School of Health Sciences Request for Change of Personal Information

Print Current Legal Name: _____

Student ID Number: _____

Academic Program: _____

Select changes below and attach copies of required documentation

Update address and/or phone number:

New Address: _____

New Phone Number: _____ Mobile Home

Add a preferred first name to my account

Preferred First Name: _____

Update/add a middle name:

Middle: _____

(Required Documentation: If adding a middle name to your student record, acceptable forms of identification are a driver's license, social security card, or birth certificate.)

Change my primary (last) name to:

Last: _____ First: _____ Middle: _____

(Required Documentation: These forms of identification are acceptable: social security card, marriage license, divorce decree, or court order.)

I understand that my official/legal name will continue to be used in school-related systems and documents that require a verified legal name including, but not limited to database system (GradPro), official transcripts, National Student Clearinghouse data, all financial aid records, and degree verifications. My preferred first name may be used for documents that serve no legal purpose such as class rosters.

Signature of RHSHS Student: _____ Date: _____